

(Check all that apply.)

☑ Change purpose(s) of use☐ Add purpose(s) of use

APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

FOR OFFICE USE ONLY

G1-158498CLE166

 Change point(s) of diversion/withdrawal Add point(s) of diversion/withdrawal Change/transfer place of use Other (i.e. consolidation, intertie, trust water) 	er)	DATE ACCEPTED 3 FEE \$ 50 CHECK No. 45	REC'D 3 11 11 3
Explain:		SEPA: Exempt	□ Not exempt
IF MORE SPACE IS NEEDED, ATT 1. Applicant Information:	FACH ADDITIONAL SH	EETS (PLEASE PRIN	T OR TYPE CLEARLY)
APPLICANT/BUSINESS NAME	4 1	425 747 6656	FAX NO.
James A Hirshfield			(815)425-8715
ADDRESS 63 Skagit Key			
Bellevue		WA	98006
CONTACT NAME (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.
ADDRESS			
CITY		STATE	ZIP CODE
APP. NOPERMIT NO	FOR OFFICE USE O	ONLY CERT OF	CG1-153498CL@166

2. Water Right Information:	The second secon
WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
WRC 15698	King County Water District #1
DO YOU OWN THE RIGHT TO BE CHANGED? ☐ YES ☑ NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: King County	y Water District #1

HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? ☑ YES ☐ NO

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Wells			NW	17	25	5E	1725059034	

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Lake Washington			NE	17	24	OSE	0065310350	
DO YOU OWN THE EXISTING AN			, ,				R(S) NAME:	

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	293.6	473.58	Year round, with summer peak period.

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of acres	0.013 cfs	704	April 15 th to October 31st
Municipal (4	Balance	Balance	Year around with summer peak period.

5. Place of Use:

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A.	$-\mathbf{v}$	10	ŤI	n	
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		LE	GAL DESCR	RIPTION OF L	ANDS WHERE WATER IS PRE	SENTLY USED:	
King Cou	inty Wate	er District	#1 service	e area (the	north half of Yarrow Poi	int)	The state of
				-			
					 		
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
				77			
DO YOU O	WN ALL TH	E LANDS IN	THE EXISTI	NG PLACE OF	FUSE? YES NO-II	F NO, PROVIDE OWNER(S	S) NAME:
		-1-17-					ilaha da da
B. Pro	hoson						
D. PIO	Joseu						
46			LEGAL DES	CRIPTION OF	LANDS WHERE NEW USE IS	PROPOSED:	

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:	
Lot 9, Block 2, Newport Division No. 3, according to the plat thereof recorded in	
Volume 95 of Plats, pages 42 through 44 inclusive, in King County, Washington.	
	100
Common address: 63 Skagit Key, Bellevue, WA 96753	
Common address. So skagit Key, Believae, VVV 50700	
1/4 1/4 SEC. TWP. RGE. COUNTY PARCEL#	# OF ACRES
	1- 16
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? XX YES NO - IF NO, PROVIDE OWNER	ER(S) NAME
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Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER	?
☐ YES xx NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):	

6. Remarks and Other Relevant Information:

Total acres to be irrigated :	6000 square feet
Acres of turf to be irrigated:	2000 square feet
Acres of other types of plants (landscaping and shrub) to be irrigated:	4000 square feet
Pumping Rate (GPM):	TBOG 6 GPM For1
Even or Odd Day Requested (To be assigned based on availability):	either
Watering Time of Day Requested (To be assigned based on availability):	1 am

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

(Applicant)

2 / 20 / [] (Date)

Sink Walder

5 /2 (Date)

(Water Right Holder)

7 11 100

(Land Owner(s) of Existing Place of Use)

(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION	N FOR THE FOLLOWING REASON(S):
☐ APPLICATION FEE NOT ENCLOSED	☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED	☐ SECTION IS INCOMPLETE
OTHER/EXPLANATION:	
STAFF:	DATE://